

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**

09-17-2001 90140 023 \*\*\*550.00

**DOCUMENT # P95000075728**

1. Entity Name  
**CONCORD CONSULTANTS, INC.**

Principal Place of Business

**6321 NW 60 WAY  
 PARKLAND FL 33067**

Mailing Address

**6321 NW 60 WAY  
 PARKLAND FL 33067**

2. Principal Place of Business

**6363 NW 106 TERRACE**

3. Mailing Address

**6363 NW 106 TERRACE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PARKLAND, FL**

City & State

**PARKLAND, FL**

Zip

**33076**

Country

**USA**

Zip

**33076**

Country

**USA**

4. FEI Number

**65-0612335**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MILLER, SYLVIA**

**6321 NW 60 WAY**

**PARKLAND FL 33067**

7. Name and Address of New Registered Agent

Name

**SYLVIA MILLER**

Street Address (P.O. Box Number is Not Acceptable)

**6363 NW 106 TERRACE**

City

**PARKLAND**

**FL**

Zip Code

**33076**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*Sylvia Miller*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**8/20/01**

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MILLER, SYLVIA</b>	
STREET ADDRESS	<b>6321 NW 60 WAY</b>	
CITY-ST-ZIP	<b>PARKLAND FL 33067</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SYLVIA MILLER</b>	
STREET ADDRESS	<b>6363 NW 106 TERRACE</b>	
CITY-ST-ZIP	<b>PARKLAND, FL 33076</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/20/01**

Date

**954423 4123**

Daytime Phone #

CR2E034 (5/01)